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COUNTY BOROUGH OF DEWSBURY



EDUCATION COMMITTEE



# ANNUAL REPORT

UPON THE

## SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1961



T. W. ROBSON, M.B., Ch.B., D.P.H.  
PRINCIPAL SCHOOL MEDICAL OFFICER



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*To the Chairman and Members of the Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have much pleasure in presenting the report on the work of the School Health Service during 1961.

The number of pupils who were examined at routine medical inspections during the year was 1,769, and the general condition of the children was extremely satisfactory. This number is less than during the previous year. The reduction is explained by the absence of a member of the medical staff, owing to illness, during most of the year and to an experimental form of medical inspection which was carried out in certain junior schools.

The parents of children who were eligible for Routine Intermediate Medical Examination were asked to complete a questionnaire and on the basis of their replies, a decision was made by the School Medical Officer concerning the necessity of a medical inspection. The results of this experiment are recorded in an Appendix to this Report. It was found that the number of medical inspections could be significantly reduced and still maintain the effective discovery of children suffering from physical defects. The questionnaire was apparently effective in separating the healthy children from those who required a medical examination. The use of such a screening procedure proved to be most helpful in providing more accurate information concerning the health of the children than has been available previously. It is significant that the number of parents who accompanied their children at this examination was higher than the parent attendance at Intermediate school medical inspections during any of the last six years. It is hoped to expand this experiment during the coming year, in order to provide a more satisfactory assessment of the health of the children who are excluded from a medical examination by the new procedure. It is possible that in future years it may be more appropriate to apply this selective examination instead of the previous system, whereby every child was presented for examination. The use of such selection methods enabled school medical officers to visit the schools more frequently during 1961, and permitted them to devote time to Health Education in schools.

The total number of individual examinations for head cleanliness during 1961, was 22,929. The total number of individual pupils examined was 9,003 and the number found to be infested, 431, giving a percentage of 4.8%. This figure shows a slight increase compared with that of the previous year which was 4.3%. It still indicates that progress has satisfactorily been maintained compared with 1957, 1958 and 1959 when the rates were 10.05%, 8.41% and 5.9% respectively. Mrs. Lumb, cleansing nurse, is to be congratulated on this satisfactory result.

There were no serious outbreaks of infectious diseases during the year and prophylactic inoculation against them continued. A minor outbreak of Dysentery at a school, during the summer, was speedily brought to an end by careful contact tracing by members of the Department. It is encouraging to notice an increased acceptance rate for B.C.G. vaccination, 62% as against 45% for 1960. This procedure requires two separate visits by the School Medical Officer to each school. On the first occasion, a tuberculin test is performed. This is simple and virtually painless and it is an essential precursor to the vaccination procedure. Subsequently, children whose reaction is negative to this test, receive a small injection into the skin, which again is almost completely painless. Any person giving a positive reaction is offered a chest X-ray at one of the local hospitals. These procedures have been shown to be very effective in reducing the number of children who contract Tuberculosis shortly after leaving school. It is to be hoped that even more parents will avail themselves of the opportunity to have their children protected.

The detection of hearing defects has received some attention at national level during the year and Dewsbury children who were examined at routine school medical inspections, were given a simple test of hearing and those who failed such a test were referred to a special clinic for further investigation. It is hoped that this clinic will be developed during the coming year and that sweep testing of hearing amongst all school entrants with a pure tone audiometer, will be introduced. The detection of some forms of deafness can be very difficult and it is all too easy to conclude that a child is backward or merely inattentive. The examination of all children when they enter school should effectively prevent a deaf child remaining undiscovered.

Health Education in schools has been greatly extended during the year. This was fore-shadowed in last year's Annual Report and an attempt has been made to introduce a systematic course of instruction to senior pupils. The appointment of Miss I. Oldroyd has been especially appropriate to the development of this work and within a short period of time, she has been able to win the confidence of many members of the teaching staff and also the pupils that she has been able to instruct. It has been found that regular attention to Health Education, as a separate subject, has promoted interest in the whole field of health in the schools themselves. The pupils seem to appreciate the friendly and informed way in which their questions are answered and the teachers seem to appreciate the opportunity of referring medical enquiries to the Health Education Organiser when she makes her weekly visit. In an attempt to obtain some assessment of the value of this teaching, a questionnaire was introduced at two schools, in order to discover the actual knowledge of 14 year old children concerning health. The results proved to be so interesting that the questionnaire was given to all children in their

final year at Secondary Modern schools in the Borough. An analysis of the results of such a large scale enquiry must necessarily be delayed. They are likely, however, to be of considerable usefulness in the planning of a syllabus for systematic health instruction. It is hoped that the increasing co-operation between this Department and the teaching staff, will result in a further development of this important work.

Finally, I should like to thank the members of the Committee for their ever-ready support and consideration which has, on all occasions, been given so willingly. I would express my appreciation to the staff of the School Health Department for their good work throughout the year, and in particular, I would pay tribute to Mr. Ridge, the Chief Education Officer, the Head Teachers of the County Borough, Mr. Batchelor, Secretary of the Hospital Management Committee No. 11; Doctor Horner and Mrs. Martin.

I am,

Your obedient servant,

T. W. ROBSON.

**DEWSBURY EDUCATION COMMITTEE.**

(as constituted on 31st December, 1961).

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His WORSHIP THE MAYOR (Councillor W. WEIR).

*Chairman—*

Councillor F. Fox, J.P.

*Vice-Chairman—*

Alderman J. E. McDONALD.

*Committee—*

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Alderman J. E. Tolson, J.P.

Alderman R. S. Roberts, J.P.

Councillor J. Dyson

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Councillor P. Evers

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Rev. G. M. Taylor

E. Barber, Esq.

L. Connor, Esq.

W. Bolton, Esq., M.A.

## STAFF OF THE SCHOOL HEALTH DEPARTMENT.

---

<b>Principal School Medical Officer...</b>	T. W. ROBSON, M.B., Ch.B., D.P.H.
<b>Deputy Principal School Medical Officer</b>	E. I. BLENKINSOP, M.B., B.S., D.P.H. (resigned 28.2.61)
	J. STUART HORNER, M.B., Ch.B., D.P.H., D.I.H. (commenced 1.3.61).
<b>School Medical Officers ...</b>	Miss N. HODGKINSON, M.R.C.S., L.R.C.P.
	Miss M. D. FOX, M.B., Ch.B. (commenced 1.12.61)
<b>Consultant Ophthalmic Surgeon</b>	†E. S. TAN, M.B., Ch.B., D.O.M.S.
<b>Assistant Ophthalmologist</b>	†J. L. WOOD, M.R.C.S., L.R.C.P.
<b>Consultant Orthopaedic Surgeon</b>	†H. N. BURWELL, F.R.C.S.
<b>Consultant Paediatrician...</b>	†A. P. ROBERTS, M.R.C.P.
<b>Principal School Dental Officer ...</b>	J. R. TUXFORD, L.D.S
<b>School Dental Officers ...</b>	W. E. CROSSLAND, B.Ch.D., L.D.S. *W. A. OL德ROYD, L.D.S.
<b>Consultant Anaesthetist</b>	*Dr. D. F. REES, M.R.C.S., L.R.C.P., F.F.A., R.C.S., D.A.
<b>School Chiropodist</b>	*H. BOOTH, M.Ch.S. (Lond.)
<b>Superintendent Nursing Officer</b>	*Miss I. ALDERSON, S.R.N., S.C.M., S.R.F.N., H.V. Cert.
<b>School Nurses .. ...</b>	Mrs. A. RYAN, S.R.N. *Mrs. N. DORAN, S.R.N., S.R.F.N., S.C.M. *Mrs. K. E. B. NAYLOR, S.R.N., S.C.M. *Miss I. HALLILEY, S.R.N., S.C.M., H.V. Cert. *Mrs. A. MILNER, S.R.N., S.C.M., *Mrs. B. SQUIRE, S.R.N. S.C.M., H.V. Cert. *Miss C. G. BUTLER, S.R.N., S.C.M., H.V. Cert. *Miss S. HIGHAM, S.R.N., R.M.N., S.C.M., Q.I.D.N., H.V. Cert. *Miss A. V. RYAN, S.R.N., S.C.M., H.V. Cert. *Mrs. H. M. HUME, S.R.N., S.C.M. (temporary) (commenced 4.9.61).
<b>Health Education Organisers ...</b>	*Miss B. M. FRYER, S.R.N., S.C.M., H.V. Cert., Mid. T.C. part 1., Soc. Sc. Dip. *Miss I. OL德ROYD, S.R.N., S.C.M., Sister Tutor Dip.
<b>Cleansing Assistant</b>	*Mrs. M. LUMB, S.E.A.N.

## CHILD GUIDANCE TEAM.

<b>Educational Psychologist</b>	...	E. BOWSKILL B.A. (Hons.), (resigned 30.6.61).
		A. GORTON, B.A. (Hons.). (commenced 1.8.61).
<b>Speech Therapist</b>	...	Miss U. PURCHASE
<b>Social Worker</b>	...	Mrs. L. M. WALKER

## CLERICAL STAFF.

<b>Chief Clerk</b>	...	...	*H. TRANMER, D.P.A.
<b>Clerks</b>	...	...	Mrs. B. MARTIN Miss B. M. PENRICE Miss C. HEPWORTH Mrs. J. RUDDLESDEN *Mrs. M. ALLOTT
<b>Dental Surgery Assistants</b>	...	...	MRS. D. HILL MISS V. CLARKE

\*Part-time.

†With permission of the Leeds Regional Hospital Board.

### GENERAL INFORMATION.

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Population (Census Civilian Population) ... ... 52,942

	Primary		Secondary
	Infants	Junior	
County ...	1311	1279	3360
Voluntary C.E. ...	432	1506	—
Voluntary R.C. ...	259	477	669
Total ...	2002	3262	4029

#### **Primary Schools.**

Number of Schools ... ... ... ...	21
Number of Departments ... ... ...	30
Number on Roll ... ... ...	5264

#### **Secondary Schools—Grammar, Technical and Secondary Modern Schools.**

Number on Roll ... ... ...	4029
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#### **Other Schools—Moorlands Open Air School, Park Special School and Nursery Schools.**

Number of Roll ... ... ...	472
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Grand Total ...	9,765
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#### **COST OF SCHOOL HEALTH SERVICE**

The Treasurer has furnished the following details :  
(1st April, 1960 to 31st March, 1961).

Total Cost of School Health Service ... ...	£20,361
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## TREATMENT CENTRES AND CLINICS IN THE BOROUGH.

	Place	Time
<b>Minor Ailment Clinic</b>	<b>School Clinic, Halifax Road,</b>	Monday to Saturday 9 a.m. to 12.30 p.m. Monday 2 to 5 p.m. Tuesday, Thursday and Friday 2 to 3 p.m. Medical Officer at- tends 9 to 10 a.m. each day.
<b>Special Clinic</b>	<b>School Clinic, Halifax Road,</b>	Wednesdays 2 to 5 p.m. Medical Officer at- tends.
<b>Ophthalmic Clinic</b>	<b>School Clinic, Halifax Road</b>	By appointment 2 p.m. to 5 p.m. Wed- nesdays and 9 a.m. to 12 noon on Thurs.
<b>Orthopaedic Clinic</b>	<b>School Clinic, Halifax Road</b>	By appointment 10.0 a.m. 2nd Monday in the month.
<b>Chiropody Clinic</b>	<b>School Clinic, Halifax Road</b>	By appointment Mon- day, Wednesday & Thursday 9 a.m to 12 noon. Tuesday 9 a.m to 12 noon and 1.30 to 4.30 p.m.
<b>Paediatric Clinic</b>	<b>School Clinic, Halifax Road</b>	By appointment 9 a.m. to 12 noon 2nd Friday in the month
<b>Dental Clinic</b>	<b>Central Dental Clinic, 40, Leeds Road.</b>	By appointment daily 9 a.m. to 12.30 p.m. and 2 to 5 p.m. Emergencies any time.
<b>Child Guidance Clinic</b>	<b>Child Guidance Centre, Old Vicarage, Halifax Road</b>	By appointment daily 9 a.m. to 12.30 p.m. and 1.30 p.m. to 5.30 p.m.
<b>Speech Therapy Clinic</b>	<b>Old Vicarage, Halifax Road</b>	By appointment daily 9 a.m.—12.30 p.m. 1.30—5 p.m.

## SCHOOL BUILDINGS.

The Chief Education Officer has kindly supplied me with the following information regarding extensions, improvements and decoration in school buildings carried out during 1961:—

### Secondary Schools:

#### *Templefield S.M. School.*

- Improvements to heating system.
- Improvements to Gymnasium lighting.
- Installation of "Bunnie" Incinerator (Senior Girls).

#### *Wheelwright Grammar School for Girls.*

- Installation of "Bunnie" Incinerator (Senior Girls).
- Improvements to lighting in Chemistry Laboratory.

#### *Earlsheaton S.M. School.*

- Conversion of landing into Library/Prefects Room.
- Improvements to Domestic Science tables—New Formica tops.

#### *Victoria S.M. School.*

- Improvements to Gymnasium lighting.
- Construction of new playground.

#### *St. John Fisher R.C. Modern School.*

- New paving.
- New stage curtains and back cloth screens.

#### *Wheelwright Grammar School for Boys.*

- Improvements in Laboratory.
- New lighting in Hall and Laboratories.
- Improvements in Hall.

### Primary Schools:

#### *Carlton Road Junior School*

- Improvements to heating
- New chain link fencing to land adjacent to school.

#### *Earlsheaton County Infants' School*

- Improvements to outside toilets.
- Installation of partition for sound insulation.
- Resurfacing playground.

#### *Thornhill Lees C.E. Junior School*

- Installation of new washbasins and sinks

*Ravensthorpe C.E. Junior School*

Improvements to heating

*EastborOUGH County Infants*

Improvements in staffroom.

*Chickenley County Infants*

Resurfacing playground.

*St. John's C.E. School*

Completion of new extension comprising dining-room,  
scullery, Cloaks and toilet.

Conversion to provide staffroom accommodation.

New chain link fencing to land adjacent to school.

**Special Schools:**

*Park School, Earlsheaton*

Toilet improvements

New fire escape.

*Cliffe House*

Installation of new internal toilets and washbasins.

# PRIMARY AND SECONDARY SCHOOLS.

## Medical Inspections of Pupils attending Maintained Primary and Secondary Schools.

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1962 ... ... ... ... 9,765

### PART I.

#### TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth) (1)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1957 and later	35	35	100%	—	—
1956	364	359	98.6%	5	1.4
1955	89	87	97.8%	2	2.25
1954	14	14	100%	—	—
1953	11	11	100%	—	—
1952	11	11	100%	—	—
1951	18	18	100%	—	—
1950	235	234	99.6%	1	0.4
1949	127	127	100%	—	—
1948	23	23	100%	—	—
1947	50	50	100%	—	—
1946 and earlier	792	790	99.8%	2	0.25
<b>TOTAL</b>	...	1769	99.4%	10	0.6

#### Attendance of Parents at periodic Medical Inspections.

During 1961 the parents of 51.1% of the children examined at periodic medical inspections attended the inspection.

Entrants	...	...	...	...	85.2%
Second Age Group	...	...	...	...	86.5%
Leavers	...	...	...	...	21.4%
Additional Periodic Inspections	...	...	...	...	37.2%

#### TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTION.

(Excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of Birth) (1)	For Defective Vision (Excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total Individual Pupils (4)
1957 and later	—	8	6
1956	17	48	63
1955	9	17	22
1954	1	1	2
1953	1	—	1
1952	2	—	2
1951	2	2	4
1950	15	24	39
1949	14	11	25
1948	1	2	3
1947	3	5	8
1946 and earlier	29	21	49
<b>TOTAL</b>	94	139	224

**TABLE C.—OTHER INSPECTIONS.**

Number of Special Inspections	...	...	2088
Number of Re-Inspections	...	...	1100
Total	...	...	3188

**TABLE D.—INFESTATION WITH VERMIN.**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	22,929
(b) Total number of Individual pupils examined	...					9,003
(c) Total number of individual pupils found to be infested	...	...	...	...	...	431
(d) Percentage of individual pupils found to be infested	...	...	...	...	...	4.8%
(e) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	...	...	...	...	...	Nil
(f) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	...	...	...	...	...	Nil
(g) No. of sessions devoted to school visits	...					226
(h) No. of sessions devoted to cleansing	...					47
(i) No. of school visits	(i) first	...	...	...	...	73
	(ii) subsequent	...	...	...	...	181
(j) No. of home visits	...	...	...	...	...	207

**Body Infestation.**

2 cases of body infestation were found during 1961.

**Scabies.**

6 cases of scabies were given treatment at the Municipal Buildings.

5 cases were given treatment at home.

5 cases were given treatment at home by a general practitioner.

## PART II.

## DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

TABLE A.—Periodic Inspections.

		PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	Total
Skin...	... T	7	4	3	14
	... O	8	21	14	43
Eyes—(a)	Vision ... T	27	30	37	94
	... O	35	47	56	138
(b)	Squint ... T	4	—	—	4
	... O	4	1	2	7
(c)	Other ... T	1	—	1	2
	... O	1	—	2	3
Ears—(a)	Hearing ... T	1	2	2	5
	... O	46	7	24	77
(b)	Otitis Media ... T	2	—	1	3
	... O	3	4	1	8
(c)	Other ... T	—	—	—	—
	... O	1	—	5	6
Nose and Throat ...	... T	20	1	3	24
	... O	96	9	58	163
Speech ...	... T	4	—	4	8
	... O	5	2	7	14
Lymphatic Glands	... T	—	—	—	—
	... O	5	—	11	16
Heart ...	... T	1	1	—	2
	... O	23	10	9	42
Lungs ...	... T	3	1	1	5
	... O	3	9	13	25
Developmental—					
(a)	Hernia ... T	1	1	1	3
	... O	3	1	1	5
(b)	Other... ... T	2	1	1	4
	... O	3	15	8	26
Orthopaedic—(a)	Posture T	1	1	4	6
	... O	9	18	34	61
(b)	Feet T	1	1	7	9
	... O	11	4	36	51
(c)	Other T	3	5	3	11
	... O	—	6	24	30
Nervous System—					
(a)	Epilepsy ... T	1	—	2	3
	... O	1	3	4	8
(b)	Other ... T	—	—	2	2
	... O	—	4	6	10
Psychological—					
(a)	Development ... T	2	—	5	7
	... O	1	1	66	68
(b)	Stability ... T	7	—	6	13
	... O	19	2	30	51
Abdomen ...	... T	1	—	—	1
	... O	1	1	2	4
Other ...	... T	3	1	9	13
	... O	1	2	14	17

(T) Treatment

(O) Observation

TABLE B.—Special Inspections.

Defect or Disease	SPECIAL INSPECTIONS	
	Pupils requiring Treatment	Pupils requiring Observation
Skin ... ... ...	2	13
Eyes—		
(a) Vision ...	91	147
(b) Squint ...	2	—
(c) Other ...	—	3
Ears—		
(a) Hearing ...	7	48
(b) Otitis Media ...	—	9
(c) Other ...	—	6
Nose and Throat ...	12	73
Speech ...	2	9
Lymphatic Glands ...	—	5
Heart ...	1	13
Lungs ...	2	25
Developmental—		
(a) Hernia ...	1	1
(b) Other ...	—	10
Orthopaedic—		
(a) Posture ...	4	28
(b) Feet ...	6	19
(c) Other ...	3	17
Nervous System—		
(a) Epilepsy ...	—	1
(b) Other ...	—	4
Psychological—		
(a) Development ...	—	7
(b) Stability ...	4	8
Abdomen ...	—	—
Other ...	10	64

## PART III.

**TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS).**

Table A.—Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ...	177
Errors of refraction (including squint) ...	1098
Total ... ...	1275
Number of pupils for whom spectacles were prescribed ... ... ...	641

**Table B.—Diseases and Defects of Ear, Nose and Throat.**

	Number of cases known to have been dealt with		
Received Operative treatment—			
(a) for diseases of the ear ... ...	4		
(b) for adenoids and chronic tonsillitis	180		
(c) for other nose and throat conditions	—		
Received other forms of treatment ...	164		
Total ... ...	348		
Total number of pupils in schools who are known to have been provided with hearing aids—			
(a) In 1961 ... ... ...	2		
(b) In previous years ... ... ...	10		

**Table C.—Orthopaedic and Postural Defects.**

	Number of cases known to have been treated		
(a) Pupils treated at clinics or out-patient departments ... ... ...	102		
(b) Pupils treated at school for postural defects ... ... ...	—		
Total ...	102		

**Table D.—Diseases of the Skin (excluding uncleanliness, for which see Table D. of Part I).**

	Number of cases known to have been treated		
Ringworm—(a) Scalp ... ... ...	—		
(b) Body ... ... ...	1		
Scabies ... ... ...	16		
Impetigo ... ... ...	19		
Other skin diseases ... ... ...	264		
Total ...	300		

**Table E.—Child Guidance Treatment.**

	Number of cases known to have been treated		
Pupils treated at Child Guidance Clinic ...	371		

**Table F.—Speech Therapy.**

	Number of cases known to have been treated
Pupils treated by Speech Therapists ...	98

**Table G.—Other Treatment Given.**

	Number of cases known to have been dealt with
(a) Pupils with Minor Ailments ... ...	776
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ... ... ...	2
(c) Pupils who received B.C.G. Vaccination	563
(d) Other than (a), (b) and (c) above— Chiropody ... ... ... ...	484
Total ...	1825

The total number of attendances at the Minor Ailment Clinic during 1961 was 4,529, which was an increase of 14% on 1960.

The total number of children treated for new ailments was 1,364, which was an increase of 3.7% on 1960.

#### **NUMBER OF SCHOOL CHILDREN WHO UNDERGO TONSILLECTOMY.**

In conjunction with all other Local Authorities throughout the Country a survey has been made of the number of Dewsbury school children (at routine medical inspection) who have undergone tonsillectomy.

Percentage of children, found at routine medical inspections, to have had tonsillectomy during 1961 or previously :—

<u>Entrants :</u>					
Boys	...	...	...	...	7.5%
Girls	...	...	...	...	5.5%
<u>Second Age Group :</u>					
Boys	...	...	...	...	9.7%
Girls	...	...	...	...	11.5%
<u>Leavers :</u>					
Boys	...	...	...	...	14.8%
Girls	...	...	...	...	19.2%
<u>Other Periodic Inspections :</u>					
Boys	...	...	...	...	7.3%
Girls	...	...	...	...	6.6%

### DEFECTIVE VISION.

At the routine medical inspections, 93 children were found to require treatment for defective vision and 4 children were discovered to be suffering from squint.

At special inspections, 81 children required treatment for defective vision, whilst 2 children were referred for squint.

During 1961, 1,031 visits were made at the Ophthalmic clinic and the conditions found at the inspections were as follows:—

Defect	New Cases Number	Percentage	Secondary Visits	Total Visits
Hypermetropia ... ..	41	23.6%	124	165
Hypermetropic Astigmatism ..	17	9.8%	64	81
Compound Hypermetropic Astigmatism ... ..	38	21.8%	243	281
Compound Hypermetropic Astigmatism and Squint ..	1	0.6%	—	1
Myopia ... ... ..	52	29.9%	163	215
Mixed Astigmatism ... ...	11	6.3%	53	64
Myopic Astigmatism ... ..	10	5.8%	78	88
Squint ... ... ..	4	2.3%	21	25
Nystagmus ... ... ..	—	—	1	1
	174			
“ Other Diseases of the Eye ” ..	—	—	2	2
No Refractive Error ... ..	23	—	85	108
	197		834	1031

584 children who attended the School Eye Clinic during the year, had glasses prescribed.

17 children were referred to the Dewsbury General Hospital for Orthoptic treatment.

Tests of visual acuity were performed by the school nurses at Periodic Medical Inspections, using where necessary, the E-Chart. In addition, children of 8 years in all schools and children of 13 and 14 years attending the Wheelwright Grammar Schools were similarly tested. Those found to have defective eye-sight, using a standard of 6/9 part, Snellen, in both eyes, or worse in either, were referred to the Ophthalmic Clinic.

I am indebted to Mr. H. Booth, Chiropodist,  
for the following statistics :—

### CHIROPODY.

			Primary Cases	Re-Attendances
Heloma	Millaire	1st Metatarsal		
Phalangeal	...	...	—	19
Corns	...	...	13	168
Callosities	...	...	10	715
Verrucae	...	...	103	876
Callous Area	Toes	...	—	—
Heloma	Durum	Doral Areas	—	—
Heloma	Molle	Distal Areas Toes	—	1
Bunion	...	...	8	319
Bunion Tendency	...	...	—	19
Heloma	Durum	1st Metatarsal		
Phalangeal	...	...	—	—
Nail Defects	...	...	14	754
Erythematous Areas	Plantar Heel	...	1	45
Heloma	Vascular	5th Metatarsal		
Phalangeal	...	...	4	32
Hyperhidrosis	...	...	6	27
Bromhidrosis	...	...	1	2
Others	...	...	23	270

### TREATMENT OF ORTHOPAEDIC AND POSTURAL DEFECTS.

School children found to be suffering from orthopaedic defects were referred to a special orthopaedic session conducted by Mr. H. N. Burwell ; this was held monthly ; one clerk and one nurse from the department assisted at this clinic.

During the year 29 new cases were seen. The number of individual children attending was 87 ; the total number of attendances being 117.

The conditions present in the new cases were :—

			Male	Female
Postural Kyphosis	...	...	2	—
Scoliosis	...	...	3	—
Round Shoulders	...	...	1	—
Scheuermanns Disease	...	...	—	1
Osteochondritis	...	...	—	1
Poor posture	...	...	—	1
Alleged Pain in Right Knee	...	...	—	1
Pes Valgus	...	...	4	3
Talipes Valgus	...	...	1	—
Flat Feet	...	...	—	2
Weak Feet	...	...	1	3
Congenital Varus	...	...	—	1
Bunions	...	...	—	2
Alleged Delayed Walking	...	...	—	1
Alleged Discomfort Right Temporo-Mandibular Joint	...	...	—	1

During the year, 24 children were discharged from the Orthopaedic clinic and 27 children were referred to the Dewsbury General Hospital for exercises.

#### **In-Patients.**

4 Dewsbury school children were admitted as In-patients to a local hospital during 1961 for orthopaedic and postural defects.

#### **Out-Patients.**

102 Dewsbury children made 755 attendances at local hospitals for treatment of orthopaedic and postural defects.

### **PAEDIATRIC CLINIC.**

A special Paediatric Clinic was conducted by Dr. A. P. Roberts at the School Clinic, Dewsbury; this was held monthly; one clerk and one nurse from the Department assisted at this clinic.

During the year, 21 new cases were seen. The total number of individual children attending was 27 and the total number of attendances was 49.

During 1961, 4 children were discharged from the Paediatric clinic and 2 children were referred to the Dewsbury General Hospital for further investigation.

### **ARTIFICIAL SUNLIGHT TREATMENT.**

During 1961, 46 children made 1,096 attendances at the Dewsbury General Hospital for artificial sunlight treatment. The defects from which the children suffered and the attendances they made are given as follows :—

Number of Children	Disease	Average No. of treatments per case	No. of Attendances
46	Debility	23.8	1096

### **INFECTIOUS DISEASES.**

#### **(a) Diphtheria.**

No cases of diphtheria in school children were recorded in 1961.

During the past ten years, there have been no deaths or certified cases of diphtheria amongst school children.

#### **(b) Tuberculosis.**

There were three new notifications of Tuberculosis amongst school children during 1961. In two children the disease affected the lungs, whilst the third case was suffering from tuberculous glands of the neck.

No cases were removed from the register during the year.

Position as at 31st December, 1961									
	Pulmonary		Bones & Joints		Glands		Total		
	M.	F.	M.	F.	M.	F.	M.	F.	
Children attending Maintained Primary & Secondary Schools	2	4	—	—	2	1	4	5	
Children attending a Special School ...	—	1	1	—	—	—	1	1	
Not attending School	—	—	—	—	—	—	—	—	
Children in Hospital ...	—	—	—	—	—	—	—	—	
Total ... ... ...	2	5	1	—	2	1	5	6	

**(c) Other Infectious Diseases.**

The following table shows the number of children notified during 1961 between the ages of 5 and 15 (after correction for changes in diagnosis) :—

Scarlet Fever	...	...	...	12
Erysipelas	...	...	...	—
Pneumonia	...	...	...	1
Measles	...	...	...	206
Whooping Cough	...	...	...	2
Dysentery	...	...	...	30

**Visits concerning Infectious and Contagious Diseases.**

5 visits were paid to schools by the doctors and/or school nurses in regard to contact tracing for infectious and contagious diseases.

2 visits were made in respect of scarlet fever; 2 children were examined; 2 cases were found; No children were excluded on suspicion.

1 visit was made in respect of measles; 40 children were examined; No cases were found; No children were excluded on suspicion.

2 visits were made in respect of dysentery; 282 children were examined; No cases were found; No children were excluded on suspicion.

## IMMUNISATION PROCEDURES.

### **Diphtheria Immunisation.**

The number of children between 5 and 15 (age at time of immunisation) immunised against diphtheria for the first time during 1961 was 162.

The number of children between 5 and 15 who received one single boosting dose during the year was 173.

### **Poliomyelitis Vaccination.**

Continued attempts were made during the year, using various Health Education techniques to ensure a reasonable standard of immunity against Poliomyelitis amongst the children of Dewsbury.

In April, School Medical Officers visited all primary schools in order to give a fourth injection of poliomyelitis vaccine to children under the age of 12 years who had completed primary vaccination more than one year previously.

The vaccination programme was hindered during the latter part of the year by a shortage of vaccine and supplies were restricted to children receiving the first two injections.

During the year, no school child suffered from poliomyelitis.

### **Tuberculosis Vaccination.**

Tuberculin Testing and B.C.G. Vaccination of Dewsbury school children born during 1948 was continued during 1961.

Head Teachers were given the choice of having the tests and vaccinations carried out in the school or at the central clinic. The majority preferred the work to be done at school and thus a considerable saving of the children's time was effected. Arrangements were made for the children with a positive reaction to be X-rayed at the local hospital.

Number of children born between 1.1.48 and 31.12.48 on Dewsbury schools registers was	...	...	...	1,017
Total number of consent forms received	...	...	...	635
Percentage acceptance	...	...	...	62
Number of children tuberculin tested	...	...	...	632
Number of children with positive reaction	...	...	...	66
Number of children with negative reaction	...	...	...	563
Total number of Children vaccinated during 1961	...	...	...	563

### DEATHS AMONGST SCHOOL CHILDREN.

During the year 1961, 5 children of school age died. The causes of death were as follows:—

- 1 Peripheral Failure & Electrolytic Imbalance
- 1 Leukaemia & Mongolism
- 1 Chronic Myeloid Leukaemia
- 1 Diabetes Mellitus
- 1 Motor Vehicle Accident

### OTHER SPECIAL MEDICAL EXAMINATIONS.

#### Part-time Employment.

Number of children medically examined for—

delivery of newspapers	...	...	...	...	...	66
„ „ groceries	...	...	...	...	...	7
„ „ milk	...	...	...	...	...	7
„ „ meat	...	...	...	...	...	1
farm work	...	...	...	...	...	1
assisting in a shop	...	...	...	...	...	1
work as an errand boy	...	...	...	...	...	2

One child who was medically examined for newspaper delivery was found to be unfit. 10 children were issued with certificates placing some restriction on their existing employment.

#### Cliffe House.

632 children were medically examined in connection with their stay at Cliffe House. All were found to be fit.

#### Summer Holiday Camp.

70 children were medically examined for Summer Holiday Camp at Bridlington. All were found to be fit.

### OTHER SPECIAL INSPECTIONS BY SCHOOL NURSES.

#### Medical Inspections.

Visits to schools, assisting Medical Officer      ...      ...      175

#### Home Visits.

Minor Ailments	...	...	...	...	...	...	46
Defective Vision	...	...	...	...	...	...	159
Infectious Diseases	...	...	...	...	...	...	240
I.Q.	...	...	...	...	...	...	10
Others	...	...	...	...	...	...	60

### DETECTION OF HEARING DEFECTS.

During the year, 24 children were referred to a special clinic for audiometric examination. Almost all of the children were referred by the school medical officers, following medical inspections in schools, but one child was referred by the Head Teacher.

Consequent upon the examination, 4 children were found to have normal hearing and were discharged. A further 9 children showed minimal hearing defects and were discharged. The remainder are to be investigated by the School Medical Officer or by the Consultant Aural Surgeon.

Referred to Consultant Aural Surgeon	...	...	...	...	4
Further investigation by the School Medical Officer	...	...	...	...	7
Minimal hearing defects not requiring further attention	...	...	...	...	9
Normal hearing	...	...	...	...	4
Total attendance	...	...	...	...	24

### REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER.

I am indebted to Mr. J. R. Tuxford, Principal School Dental Officer for the following Report:—

*To the Chairman and Members of the Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting for your consideration a report of work carried out by the School Dental Service during the year 1961.

The appended statistics are set out in the manner as of previous years, so comparisons may be made without difficulty.

Staffing remains constant, I am happy to say. In terms of full-time officers we have the equivalent of 2 4/11, in addition to which, a part-time consultant medical anaesthetist attends for two sessions per week. Some of this treatment time is of course taken by maternity and child welfare services, but even taking this into consideration, this authority is fortunate in being only 7/11 under establishment of full-time Dental Officers.

We have not yet arrived at the ideal, however, which is annual inspection and treatment of all the school children in the County Borough who need, and accept it. It has been possible nevertheless, as you will see from the figures, for us to have been able to inspect almost 77% of the school population, in the current year. In consequence of this the amount of preventive treatment, as against extractions, has been slightly improved. The relationship between fillings and extractions for 1961 is 1 to 1.19 compared to 1 to 1.98 in 1960. There has been an increase in the number of pupils for whom it was necessary to provide dentures. In two cases of senior children total extractions were required, and the provision of full upper and lower dentures, and in one case total extraction of all upper teeth and full upper denture. Any further comment upon the poor dental condition of the present day school child would, I think, be unnecessary.

Orthodontic treatment has had to be restricted somewhat, as the case load was becoming too heavy, and a disproportionate amount of treatment time was being taken in relation to other forms of treatment. This was achieved by extra careful selection of patients, and accepting only the ones who were prepared to co-operate to the maximum and conscientiously adhere to treatment.

Continuing the policy of previous years, the necessity of strict oral hygiene is stressed, and dental health propaganda is disseminated by posters, leaflets and films, and by talks, both in school and outside.

To carry out a task with any measure of success, and especially Dental treatment which is still viewed with apprehension requires co-operation and assistance. I have pleasure, therefore, in expressing my appreciation to the Committee, the Medical Officer of Health, the Education Department, Head Teachers of the County Borough, and the Staff of the Central Dental Clinic all of whom have never failed to supply an abundance of both.

I am,

Your obedient servant,

J. R. Tuxford.

### **DENTAL INSPECTION AND TREATMENT, 1961**

1. Number of pupils inspected by the Authority's Dental Officers.	...	...	...	...	6664
(a) At Periodic Inspections	...	...	...	...	371
(b) As Specials	...	...	...	...	—
Total	...	...	...	...	7035
2. Number found to require treatment	...	...	...	...	4933
3. Number offered treatment	...	...	...	...	4429
4. Number actually treated	...	...	...	...	4084
5. Number of attendances made by pupils for treatment, including those recorded at 11(h)	...	...	...	...	7164

6. Half days devoted to:—							
(a) Periodic (School) Inspection	...	...	...	...	...	...	29
(b) Treatment	...	...	...	...	...	...	984
Total	...	...	...	...	...	...	1013
—	—	—	—	—	—	—	—
7. Fillings :							
(a) Permanent Teeth	...	...	...	...	...	...	5281
(b) Temporary Teeth	...	...	...	...	...	...	36
Total	...	...	...	...	...	...	5317
—	—	—	—	—	—	—	—
8. Number of teeth filled :							
(a) Permanent teeth	...	...	...	...	...	...	4627
(b) Temporary teeth	...	...	...	...	...	...	36
Total	...	...	...	...	...	...	4663
—	—	—	—	—	—	—	—
9. Extractions :							
(a) Permanent teeth	...	...	...	...	...	...	1689
(b) Temporary teeth	...	...	...	...	...	...	4673
Total	...	...	...	...	...	...	6362
—	—	—	—	—	—	—	—
10. Administration of general anaesthetics for extraction	...	...	...	...	...	...	2911
11. Orthodontics :							
(a) Cases commenced during the year	...	...	...	...	...	...	60
(b) Cases carried forward from previous year	...	...	...	...	...	...	29
(c) Cases completed during the year	...	...	...	...	...	...	38
(d) Cases discontinued during the year	...	...	...	...	...	...	11
(e) Pupils treated with appliances	...	...	...	...	...	...	70
(f) Removable appliances fitted	...	...	...	...	...	...	69
(g) Fixed appliances fitted...	...	...	...	...	...	...	21
(h) Total attendances	...	...	...	...	...	...	618
12. Number of pupils supplied with artificial teeth	...	...	...	...	...	...	65
13. Other operations :							
(a) Permanent teeth	...	...	...	...	...	...	243
(b) Temporary teeth	...	...	...	...	...	...	92
Total	...	...	...	...	...	...	335
—	—	—	—	—	—	—	—
14. Number of crowns to repair fractured front teeth	...	...	...	...	...	...	19
15. Relationship between fillings and extractions	1	:	1	.	19	19	

### PROVISION OF MEALS.

Schools provided with dinners  
during the year 1961.

<i>Kitchen</i>	<i>Schools Supplied</i>
Beckett Road Kitchen	Carlton Road C. Junior Mixed School Carlton Road C. Infants' School St. John's C.E. Junior Mixed School St. John's C.E. Infants' School St. Joseph's R.C. Mixed & Infants School Dewsbury Moor C. Junior Mixed School Dewsbury Moor C. Infants' School
Chickenley C. Infants School	Chickenley C. Junior Mixed School Chickenley C. Infants' School Shaw Cross C. Junior Mixed and Infants' School
Lees Moor Kitchen	Boothroyd Lane C. Junior Mixed School Boothroyd Lane C. Infants' School Savile Town C.E. Junior Mixed & Infants' School Thornhill Lees C.E. Jn. Mxd. School Thornhill Lees C.E. Infants' School Orchard Training Centre, Savile Town
Ravensthorpe C.E. Junior School	Ravensthorpe C. Infants' School Ravensthorpe C.E. Junior mixed School Ravensthorpe C.E. Infants' School
Thornhill Secondary Modern School	Thornhill Secondary Modern School Thornhill C. Junior Mixed & Infants' School
Park School, Earlsheaton	Park School Earlsheaton C.E. Junior Mixed School Earlsheaton C.E. Infants' School EastborOUGH C. Junior Boys' School EastborOUGH C. Junior Girls' School EastborOUGH C. Infants' School
Thornhill C.E. Junior School	Thornhill C.E. Junior School Overthorpe C. Infants' School
St. Paulinus' R.C. Infants' School	St. Paulinus' R.C. Junior Mixed School St. Paulinus' R.C. Infants' School Westtown C.E. Infants' School

**Self-contained Kitchens.**

Wheelwright Grammar School for Boys	Earlsheaton Secondary Modern School
Wheelwright Grammar School for Girls	Moorlands Open Air School
Secondary Technical School	Ravensthorpe Nursery School
Ravensthorpe Secondary Modern School	Flatts Nursery School
St. John Fisher R.C. Secondary Modern School	Victoria Secondary Modern School.
Templefield Secondary Modern School	Whitley Lower Jnr. Mixed & Infants' School.
	Earlsheaton Nursery School.
	Thornhill Lees Nursery School.

**Number of 1/3rd pint bottles milk supplied during the year ended  
31st December, 1961.**

Primary Schools	...	...	...	...	857,443
Secondary Schools	...	...	...	...	466,661
Nursery Schools	...	...	...	...	44,300
Special Schools	...	...	...	...	40,768
				Total	1,409,172

**Number of dinners supplied on payment.**

Primary Schools	...	...	...	...	429,547
Secondary Schools	...	...	...	...	313,001
Nursery Schools	...	...	...	...	44,790
Special Schools	...	...	...	...	22,219
				Total	809,557

**Number of dinners supplied free.**

Primary Schools	...	...	...	...	54,077
Secondary Schools	...	...	...	...	35,502
Nursery Schools	...	...	...	...	2,242
Special Schools	...	...	...	...	4,389
				Total	96,210

Children in Moorlands Open Air School receive two third pints milk per day. Children in Primary, Secondary, Nursery and Park Schools receive one 1/3rd pint milk per day.

Percentage of children receiving milk at school	...	81.58
" " " free dinners	...	5.28
" " " dinners on payment	...	50.32

**Charge for Dinners.**

Standard charge for Primary, Secondary and Nursery Schools 1/- per meal.

Standard charge for Moorlands Open Air and Park Schools 6d. per meal.

A charge of 2/- per dinner is made to the Health Department for dinners supplied to the Orchard Training Centre, Savile Town, Dewsbury.

### SCHOOL MEALS AND MILK.

Comparison of number of children taking School Meals and Milk on a day in September, 1960 with a day in October, 1961.

		October, 1961.			September, 1960.		
		No. present on day of Return	No. taking Dinner/Milk	% taking Dinner/Milk	No. present on day of Return	No. taking Dinner/Milk	% taking Dinner/Milk
<b>DINNERS :</b>							
Primary Schools	Free	4619	240	5.19	4648	290	6.23
	Paid	2250	48.74		2079	44.72	
Secondary Schools	Free	3961	206	5.20	3926	207	5.27
	Paid	1911	48.26		1895	48.26	
Nursery Schools	Free	236	10	4.24	251	12	4.78
	Paid	226	95.76		239	95.21	
Special Schools	Free	141	17	12.14	127	27	21.25
	Paid	122	87.14		99	77.95	
	Free	Total	473	5.28	Total	536	5.98
	Paid	Total	4509	50.32	Total	4312	48.16
<b>TOTALS Free &amp; Paid</b>	...	<b>8957</b>	<b>4982</b>	<b>55.48</b>	<b>8952</b>	<b>4848</b>	<b>54.15</b>
<b>MILK :</b>							
Primary Schools	Free	4619	4307	93.22	4648	4314	92.81
Secondary Schools	Free	3961	2632	66.46	3926	2460	62.65
Nursery Schools	Free	236	236	100.00	251	251	100.00
Special Schools	Free	141	135	96.43	127	126	99.21
<b>TOTAL MILK</b>	...	<b>8957</b>	<b>7310</b>	<b>81.58</b>	<b>8952</b>	<b>7151</b>	<b>79.88</b>

## **HANDICAPPED PUPILS.**

(as at 22nd January 1962).

<b>A. Blind Pupils</b>	Will require education by methods not involving the use of sight	In Maintained Special Schools ... ... In Non-maintained Special Schools ... In Maintained Primary & Secondary Schs. ... In Independent Schools ... ... ... Not at School ... ... ...	1 — — — 1	Total
<b>B. Partially Sighted Pupils</b>	Can be educated by special methods involving the use of sight	In Maintained Special Schools ... ... In Non-maintained Special Schools ... In Maintained Primary & Secondary Schs. ... In Independent Schools ... ... ... Not at School ... ... ...	2 — — — 2	
<b>C. Deaf Pupils</b>	Require education by methods used without naturally acquired speech or language	In Maintained Special Schools ... ... In Non-maintained Special Schools ... In Maintained Primary & Secondary Schs. ... In Independent Schools ... ... ... Not at School ... ... ...	3 6 — 1 —	10
<b>D. Partially Deaf Pupils</b>	Require for their education special arrangements or facilities	In Maintained Special Schools ... ... In Non Maintained Special Schools ... In Maintained Primary & Secondary Schs. ... In Independent Schoo's ... ... ... Not at Schoo' ... ... ...	1 1 1 — 3	
<b>E. Delicate Pupils</b>	Cannot, without risk to their health be educated in an ordinary school	In Maintained Special Schools ... ... In Non-maintained Special Schools ... In Maintained Primary & Secondary Schs. ... In Independent Schools ... ... ... Not at School ... ... ...	80 — — — 80	
<b>F. Diabetic Pupils</b>	Require residential care			—
<b>G. Educationally sub-normal Pupils</b>	Require some specialised form of education in substitution for the education given in ordinary schools	In Maintained Special Schools ... ... In Non-maintained Special Schools ... In Maintained Primary & Secondary Schs. ... In Independent Schools ... ... ... Not at School ... ... ...	71* 3 — — 74	
<b>H. Epileptic Pupils</b>	Require education in a special school	In Maintained Special Schools ... ... In Non-maintained Special Schools ... In Maintained Primary & Secondary Schs. ... In Independent Schools ... ... ... Not at School ... ... ...	— 1 — — 1	
<b>I. Mal-adjusted Pupils</b>	Require special educational treatment	In Maintained Special Schools ... ... In Non maintained Special Schools ... In Maintained Primary & Secondary Schs. ... In Independent Schools ... ... ... Not at School ... ... ...	— 1 — — 1	
<b>J. Physically Handicapped pupils</b>	Cannot be satisfactorily educated in an ordinary school	In Maintained Special Schools ... ... In Non-maintained Special Schools ... In Maintained Primary & Secondary Schs. ... In Independent Schools ... ... ... Not at School ... ... ... In Hospital Special School ... ... ... In Boarding Home ... ... ...	18 3 2 — 2 1 †1	27
<b>K. Speech Defect</b>	Require special educational treatment			—

\*This figure included 10 children who live in the West Riding but attend Day Special School for E.S.N. pupils.

†This child is in the Doctor Barnardo's Homes.

**HANDICAPPED PUPILS.**

(as at 22nd January, 1962).

**Blind Children.**

1 child was at the School for the Blind, Sheffield.

**Partially Sighted Children.**

2 children were at Templebank Day Special School, Bradford.

**Deaf Children.**

3 children were at the Odsal House School, Bradford.

4 children were at the Yorkshire Residential School for the Deaf.

2 children were at St. John's School, Boston Spa.

1 child was at Summerfield School, Malvern.

**Partially Deaf Children.**

1 child was at the Mary Hare Grammar School, Newbury.

1 child was at Odsal House School, Bradford.

1 child was awaiting a place at the Odsal House School, Bradford.

**Delicate Children.**

79 children were attending Moorlands Day Open Air School, Dewsbury.

1 child was attending Ingleborough Hall School.

**Educationally Sub-normal Children.**

69 children were attending the Park Special School (Day).

2 children were at Hilton Grange Residential Special School, Bramhope.

3 children were at St. Bernadettes Independent School, Bramley.

2 children were awaiting admission to a Residential Special School but are at the moment already placed in Park Special School, Dewsbury.

**Epileptic Children.**

1 child was attending the Maghull Home for Epileptics, Liverpool.

**Maladjusted Children.**

1 child was attending Brackenborough Residential Special School, Thirsk.

### Physically Handicapped Children.

18 children were attending Moorlands Day Open Air School, Dewsbury.

1 child was on the Register of St. Vincent's Hospital Special School, Eastcote.

2 children were at the Bethesda Home for Crippled Children.

1 child was at St. Roses School, Stroud.

1 child was at the Dr. Barnado's Homes.

2 children were in ordinary schools.

1 child was awaiting admission to a Spastic Residential Centre.

1 child was at home.

The total number of children notified under—

Section 57(4)	...	...	...	1
Section 57A (2)	...	...	...	Nil

I am indebted to Miss Patchett, Head Teacher of the Open Air School for the following report :—

### MOORLANDS OPEN-AIR SCHOOL.

Headmistress—Miss P. M. Patchett.

Accommodation—120.

Staff	...	...	...	Mr. C. Morris
				Mrs. D. Robinson
				Mrs. S. J. Carter

Welfare Assistant	...	Mrs. H. Carr
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No. on Register, 1st January, 1961	...	...	...	85 (38 Boys and 47 Girls)
---------------------------------------	-----	-----	-----	---------------------------

Children admitted during the year	...	...	...	22 (12 Boys and 10 Girls)
--------------------------------------	-----	-----	-----	---------------------------

Children discharged during the year	...	...	...	13 ( 9 Boys and 4 Girls)
--	-----	-----	-----	--------------------------

No. on Register, 31st December, 1961	...	...	...	94 (41 Boys and 53 Girls)
---	-----	-----	-----	---------------------------

Discharged : (a) 8 fit for transfer.

(b) 2 left district.

(c) 1 to Residential School.

(d) 1 (Muscular Dystrophy) unfit for school.

(e) 1 died (Chronic Myeloid Leukaemia)

During the year 107 children attended the school, a slight increase on last year. (87 delicate and 20 physically handicapped). 38 requiring transport.

Once again, may I thank the Staff for their tireless work and willing co-operation, especially Mrs. Robinson, who left us in November. For the past 9 years she has been a great asset to the school. Mrs. Carr, our Welfare Assistant has once again been of invaluable assistance to all of us, children and staff alike.

Still having only 3 teaching assistants makes the organisation of individual work required by a great many of our children very difficult. So, in November we welcomed Mrs. Ingham (Remedial Teacher of the Child Guidance Centre). She now comes in one day a week to take children needing special help in Reading. Next year I hope to be able to report the results of this very specialized work.

Medically, all the usual treatments were continued. The weekly visits of Nurse Ryan and the close association with the Medical Officers enabled us to keep a very careful watch over the health of the children. We missed the visits of Dr. Hodgkinson during her illness, and sincerely hope that she will soon be well enough to be with us again. Many children are under the constant care of the Specialists for their particular disability. During the year 12 children were equipped with spectacles.

The Child Guidance Centre continued to work in close co-operation with us in the treatment of children suffering from nervous disorders. The 14 year olds had B.C.G. vaccinations, and children of all ages had anti-polio ones. 35 children attended Dewsbury General Hospital for Sun-ray treatment, and the Physiotherapy Department continued giving excellent treatment. The 10 children receiving treatment from the Speech Therapist show good progress.

During the year 18 children regularly received free meals and 7 had them for short periods, owing to changing family circumstances. Free clothing was provided for 5 children and a further 8 received free boots or shoes.

Once again swimming has been the highlight of our physical activities, 4 Elementary and 6 Proficiency Certificates being gained, one of the latter by a boy who is badly crippled following poliomyelitis. Under the capable instruction of Mr. Grimes 11 other children have learnt to swim, and 3 other physically handicapped ones acquired a greater mobility of movement. Mr. Morris is of great assistance here as he goes in the water with them. I would like to thank the Education Authority once again for allowing us to have our swimming lessons on our own, as many more children are now encouraged to take to the water. 20 to 30 children attending each week, winter and summer alike.

In June we were sad to hear of the death of Philip Collins aged 6 years (Chronic Myeloid Leukaemia). During the short periods we had him in school, he won the hearts of everyone with his smile, his extreme politeness and good manners. We are happy to have been able to bring some pleasure into his short life.

In September, Our Annual Harvest Thanksgiving Service was led by the Rev. E. C. Henderson—the delightful display of fruit and flowers were later distributed among our sick children and the old people in the near-by Homes. At the close of the service, Mrs. Liversedge (Head of the W.V.S.) received two hand-knitted blankets—on behalf of the Ockenden Venture—for their Hostel in Dewsbury.

In December, 2 groups of children took part in the Dewsbury Schools Music Society's Concert in the Town Hall. They worked very hard, giving up many playtimes, to learn the songs performed. Mrs. Carter was responsible for their training and is to be congratulated on the high standard of singing achieved. During this time, also, the School took on a festive look in readiness for the Christmas activities. Many friends called in to wish us a very happy Christmas, and some joined us at our usual hearty Christmas dinner. One afternoon we had a tea party, and a variety of hilarious games, after which the children went home tired but happy, carrying gifts of oranges and sweets.

Here, I would like to pay a tribute to the work of John Coburn, our gardener, who, with the help of the Parks Department, has turned the morass left by the building contractors, back to our usual well-cared for grounds, for which we are noted. Our surroundings are a great asset to the school and are admired by all visitors.

I would like to express my thanks once again to all the people who have been such a great help to us during the past year, those already mentioned, the Staffs of the Health Department and the Education Office, and the many others but for whose help we would not see the steady improvement in the health and well-being of our children.

**Classification of children attending Moorlands Open-Air School,  
1961.**

I am indebted to Miss A. Waddington, Head Teacher of the Park School for the following report :—

### PARK SCHOOL

(Day Special School for Educationally Sub-normal Children).

#### Staff :

Miss A. Waddington	Mr. H. Hardisty
Mr. G. A. Stuble	Mrs. A. E. Oxley
Mrs. N. G. Ingham (to July 20th)	(to September 30th)
	Mrs. O. A. Mutasa (from September 4th)

#### Part-time Staff:

Mrs. Oxley (from 1st October)	Mrs. Laycock (Clerk-Welfare Assistant)
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#### Accommodation ... 80

**School Grouping:** Reception, Junior Boys, Senior Girls and Senior Boys. A five grade grouping for basic work where possible.

	Dewsbury Children			Extra District Children			Total
	Boys	Girls	Total	Boys	Girls	Total	
On Registers 1.1.61 ...	44	18	62	3	5	8	70
Admissions, 1961 ...	1	3	4	1	0	1	5
Left at 16 years ...	4	3	7	1	0	1	8
Left for treatment ...	2	0	2	0	0	0	2
but re-admitted ...	2	0	2	0	0	0	2
Left district ...	0	0	0	1	0	1	1
Left district ...	1	1	2	0	1	1	3
but re-admitted ...	0	1	1	1	1	2	3
Exclusions ...	1	0	1	0	1	1	2
On registers 31.12.61	39	18	57	3	4	7	64

In presenting this report on Park School during 1961, I should like to thank the Principal School Medical Officer and the Chief Education Officer and their Staffs for their continued support and encouragement. The School appears to have been a centre, to which advice, information, encouragement and assistance have been drawn in from every possible department.

Work has progressed satisfactorily and the School has tried to fulfil its purpose. The pupils have had the help of devoted teachers throughout the year. Everyone was sorry that Mrs. Ingham was unable to stay with us, and we know how fortunate we were to have obtained the services of Mrs. Mutasa, even though her appointment was to be a temporary one. Mrs. Oxley's resignation from full-time teaching at the end of September had been anticipated, but when her post was not filled her return as a part-time teacher was most welcome.

To the whole staff, including Mrs. Laycock our school clerk and welfare assistant, Mrs. Firth who eases our dinner-time supervision, and the caretaker, I express appreciation of all the loyal service and work undertaken for the children at Park School.

Mrs. Oxley's withdrawal meant some curtailment of Domestic Science for the Senior Girls, but an alternative "First Aid" Course offered by Miss Oldroyd provided interesting, practical and very useful training for all time. In addition, talks by the Fire Prevention Officers, followed by visits to the Fire Station and the "Prevention of Fire" Exhibitions during the Summer term were of great interest. During "Careers Week" in June, senior groups were privileged to visit places of employment and to watch people at work. Dry-cleaning, Transport, Textiles and Biscuit Factories were visited and a wealth of information was gained at The Careers Film Sessions which were held at the Town Hall.

The Senior Girls were invited to a Special Cookery Demonstration at the Y.E.B. Centre, and later they made a profitable tour of the Ideal Homes Exhibition. Junior Groups had their journeys and saw the Dairy in production. That visit resulted in a film show for the whole school on Milk, and its journey from farm to home.

The Borough Librarian and the Chairman of the Libraries Committee visited us when the exhibition of books came into school for two days. We all enjoyed the opportunity of examining and handling new books at leisure. Many children joined the library and have continued to borrow books regularly.

Although, regretfully, we could not take full part in the School Athletic meetings we held our own Sports Day. Swimming is perhaps one of our most valuable activities and I cannot praise too highly the painstaking training done by Mr. Grimes who knows how success in the swimming bath can lead to confidence and all-round progress. Several more certificates were granted. In addition to his Proficiency Certificate one boy went on to gain a cycling Proficiency Badge and Certificate. Mr. George Ainsley came to coach football enthusiasts. This helped the Senior Boys when they played a friendly match against the Wakefield Special School football team.

Other activities included a visit to the Argyle Theatre Players production of "Rumpelstiltskin" and our Annual Excursion found us all on the beach at Cleethorpes where time passed all too quickly. There was a surprise journey to Bolton Abbey in September which was made possible by a generous gift from the Dewsbury District Spastics Committee.

Two boys and a girl joined the Dewsbury Children's Holiday Fund party at Bridlington. Sea air, good food and exercise did them lasting good. Their parents were most appreciative.

As for food, the School Meals Service has been at its best and the Park Canteen Staff in particular is worthy of commendation. The mid-day dinner, often the children's only complete meal, plays a big part in keeping them well.

There were two Routine Medical Inspections during the year, and where defects were found Doctor Horner made treatment possible immediately. In addition four children received B.C.G. Vaccinations in school and one other went to the Health Department for it. The fourth anti-polioimmunisation was given to 12 boys and 6 girls. By now Doctor Horner is looked on as a particular friend and as "Our Doctor" who sometimes visits us at lunch time and makes time to get to know each one of us. We are always glad to welcome Mrs. Doran and Mrs. Lumb who help us to keep a good standard of cleanliness. Visits from school to the Minor Ailment Clinic, to Eye, Foot and Dental Clinics cause some concern still. Too many parents expect the school to provide someone to take their children for them, and very often the children requiring attention are ones who either through inability or incapacity come to school by taxi transport in the first instance.

Special transport for the less able children has encouraged regular attendance and with the help of Welfare Officers the overall school attendance during the year has been maintained at about 90%.

Timely help from the Child Guidance Team was of the utmost value. An interesting survey done by a Leeds University D.E.B. student brought us into contact with some of our past pupils. The majority were working steadily and reports were good. The 1961 school leavers were all placed, and with the exception of one boy settled quickly. The Youth Employment Officers were mainly responsible for their introduction to work and directed them after carefully and wisely considering their individual needs.

A large sum was spent on Building Improvements at the school and 1961 has seen the erection of a Fire Escape on the South-West side of the building, and classroom doors were made self-sealing. All toilets were completely enclosed and low power bar heaters were installed for use in frosty weather.

More use has been made of the Canteen Classroom, but work there, in stormy and cold weather, is impossible in spite of the storm door and overhead heaters. It could well be an ideal room for the reception class with further improvements.

Some very useful new furniture for school and canteen classroom use made storage of books, paper, pictures and apparatus much more convenient.

This report would be incomplete without mention of the pleasure and encouragement we all felt from the visits of friends of the school, from students, teachers, student nurses and parents, all of whom left Park School a better place.

There were the usual, and most popular events. School celebrated its seventh birthday with an entertainment and refreshments. Sports Day was a very successful summer highlight, then at Christmas time the children put on a really splendid concert for each other and for the amusement of their friends. It was our pleasure to welcome Mr. and Mrs. Ridge to our 1961 concert.

Father Christmas called on Party Day. He used the fire-escape because he couldn't find a chimney big enough! The senior girls made most of the lovely cakes from ingredients which parents and friends provided. It was a lovely party.

To close the year we held our Carol Service in which all children had a share. We sang carols which the Choir and the school had learnt specially for the Dewsbury Schools Carol Concert a few days earlier, and lessons were read by the children.

### **HEALTH EDUCATION.**

Health Education in schools has been greatly expanded during the year following the addition to the professional staff of the Department of Miss I. Oldroyd. This has enabled a more systematic form of instruction to be undertaken.

During the first nine months of the year, talks were given to groups of secondary modern children in various schools. Miss Fryer made the following visits:—

21.3.61	Thornhill S.M. School	"Human Reproduction" (Girls only)
29.3.61	Templefield S.M. Sch.	"Problems of Young Workers."
24.4.61 1.5.61	Secondary Tech. Sch.	"Public Health Services" (Girls G.C.E. Class).
28.6.61	Earlsheaton S.M. Sch.	"Home Safety."
19.7.61	Templefield S.M. Sch.	"Home Safety."

The Deputy Principal School Medical Officer visited Victoria S.M. School to speak to the leavers on the problems of Health in Industry.

At the beginning of the Autumn term, a systematic course of instruction was introduced at Ravensthorpe S.M. School. The course consisted of one double period per week to each of three classes and it is intended to give this instruction throughout the school year. The syllabus of Health Education which was prepared included five sections, namely:—

- Elementary First Aid
- Elementary Home Nursing
- General Health Topics
- Community Health Services
- Simple Human Anatomy & Physiology

A preliminary questionnaire consisting of 100 questions was given to all the children and it is proposed to repeat the questionnaire at the end of the school year. A similar questionnaire was given at Earlsheaton S.M. School, although it is not intended to give systematized health teaching at that school during the current year. It is hoped that the questionnaire will provide some assessment of the value of health teaching by showing an improved group score at the end of the course. The Health Education questionnaire was subsequently given at all secondary modern schools to children in their final year and it is hoped that the results of this enquiry will provide valuable assistance in preparing a syllabus of systematic health education. Such instruction is to be introduced into Templefield S.M. School and Thornhill S.M. School, early in 1962. At three secondary modern schools, talks were also given to a group of children who were about to leave school and general advice was offered concerning occupational health problems. School children from two secondary schools visited the Department at the end of the Autumn term and films were shown to illustrate various health problems. The Deputy Principal School Medical Officer was asked to lecture to these groups. First Aid instruction was given to a small evening class of girls attending the Wheelwright Grammar School and Miss Oldroyd gave assistance with the teaching of biology at Ravensthorpe S.M. School.

Health Education in primary schools has now commenced. Weekly instruction in First Aid was given at Chickenley Junior School and to the teachers at St. Paulinus' R.C. Junior School. In addition the following schools were visited in order that instruction on health matters could be given:—

Chickenley Junior School  
 St. Paulinus' R.C. Junior & Infants'  
 St. Joseph's R.C. Junior & Infants'  
 Dewsbury Moor Junior & Infants'  
 Thornhill C.E. Junior  
 Ravensthorpe Infants'

Both Special schools have been visited regularly and personal hygiene has been taught at the Open Air School and First Aid at the Park School. One doctor from Staincliffe General Hospital visited various Special schools in order to obtain training required by the regulations for the Diploma in Child Health (England) Examination.

The co-operation of teaching staff has been invaluable during the year and indeed has made this expansion of Health Education in schools possible. The degree of responsiveness amongst the children naturally varied and it was extremely difficult to capture the interest of some of the senior school children who were about to leave school. From the experience gained during the year, it would seem that the best time to start systematic instruction in health topics, is on entry to the

secondary modern school, although it is important to introduce a concept of health to children at a much earlier stage and to sustain interest throughout school life. The teaching staff will, of course, be mainly responsible for introducing health concepts at an early stage and the staff of this Department can be of great value in providing specialized instruction. It does seem that the regular visits which were made to the schools, have greatly increased the interest shown in the subject.

I am indebted to Mr. A. Gorton, Educational Psychologist for the following report:

### **CHILD GUIDANCE CLINIC.**

A statistical report for the year is enclosed. It is in the same form as last year's report to the Principal School Medical Officer.

There have been several changes of staff during the year. Mr. Bowskill and Mrs. McAdam left, both going to Leeds. Mr. Gorton, Mrs. Ingham and Mrs. Moorby joined the staff.

There have been few changes in the working of the Centre during the year, but the addition to the remedial teaching staff has meant that this system has been expanded in two directions. In the first place more retarded children are now able to benefit from the intensive, specialized instruction in reading both at school and at the Old Vicarage. It is also possible, for the first time, to deal satisfactorily with those children whose reading disability is accompanied or caused by emotional maladjustments. These children, though few in number, are a constant source of worry in school because of the apparent blockage to their learning ability, their resistance to help and their disturbed behaviour. Now, provisions are made for them to follow a course of "educational therapy" aimed at emotional as well as educational development, and rehabilitation in the normal classroom. Secondly, non-English speaking (Indian and Pakistani) pupils have been included within the scheme. These pupils, from secondary schools, spend each morning session at the Centre, when instruction is concentrated on three specific problems, viz.:—

1. Improvement of conversational English.
2. Elementary speech training.
3. Reading.

For the afternoon sessions, the pupils return to their respective schools.

There have been several reports in the daily press of other Authorities offering a similar service, but as far as can be ascertained, Dewsbury was amongst the foremost to tackle this problem.

Research into the causes and treatment of nocturnal enuresis has been a continued feature of the work of the Centre, and has proved fruitful in certain areas. If the causes of this particular habit disorder were to be better known, then the possibilities of successful treatment would be increased accordingly.

An attempt was made to isolate any complexes of fundamental socio-emotional or psychological factors underlying or present in a large sample of cases, and this attack has made it possible to evaluate certain factors which have previously been thought to be of causative value.

Following a careful, analytical investigation of 32 cases it was concluded that the type of family accommodation is of no aetiological significance in the study of nocturnal enuresis.

The attitude of the parents towards the enuretic child has much bearing on the problem from a statistical point of view, and this is undoubtedly of outstanding importance in certain individual cases. In 18 of the 32 cases (55.25%), the parents fall into the "tolerant" or "satisfactory" category, 7 (21.9%) into "anxious" or "scolding," and in the remaining 7 there was a conflict in the parental approach to the problem.

Moreover, a survey of the incidence of enuretics in the family history proves to be very significant. Of the 32 cases studied intensively, 16 (50%) had positive histories, *i.e.* had a family history of nocturnal enuresis. The remaining 16 had no known family history. Either, then, there is a considerable genetic influence operating in the former cases, or nocturnal enuresis is a "familial" problem as such, and not one which tradition has relegated to the unfortunate child's "laziness." It seems probable that both factors play their part, the one accentuating, and being complementary to, the other.

**COUNTY BOROUGH OF DEWSBURY—EDUCATION  
COMMITTEE.**

**CHILD GUIDANCE CENTRE—ANNUAL REPORT, 1961.**

**I.—CASE LOAD.**

Current cases as at 31st December, 1960	...	...	89
Cases awaiting investigation at 31st December, 1960			60
No. of cases referred during 1961	...	...	277
No. of new cases seen during 1961	...	...	282
Number of cases withdrawn during 1961	...	...	5
No. of current cases as at 31st December, 1961	...		185
No. of cases awaiting investigation at 31st December, 1961	...	...	9
No. of children seen during year	...	...	371

**II.—EDUCATIONAL PSYCHOLOGIST. (Full-time).**

No. of new cases seen	...	...	...	...	...	282
No. of case interviews	...	...	...	...	...	649
No. of school visits	...	...	...	...	...	115
No. of treatment cases	...	...	...	...	...	195
No. seen for diagnosis and advice	...	...	...	...	...	82
						—
Total number of attendances during the year	...	649				—
						—

**Social Worker. (Part-time).**

Number of case interviews	...	...	...	...	320	
Number of home visits	...	...	...	...	319	
						—
Total number of attendances during year	...	320				—
						—
<b>Grand Total</b> of attendances during year	...	969				—
						—
<b>Grand Total</b> of visits (home and school) during year	434					—
						—

**III.—REFERRING AGENCIES. 277 Cases referred during 1961**  
by the following :—

		<i>Boys</i>	<i>Girls</i>
Head Teacher	...	149	62
School Medical Officer	...	14	8
Parent	...	13	7
Private Doctor	...	9	3
Speech Therapist	...	6	—
Children's Officer	...	1	1
Chief Education Officer	...	—	1
Consultant Paediatrician	...	1	—
Consultant Psychiatrist	...	1	—
Health Visitor	...	1	—
		195	82
		—	—

I am indebted to Miss U. Purchase, Speech Therapist, for the following report.

### SPEECH THERAPY CLINIC.

This has been a busy year in the Speech Clinic, the first full working year since 1957. In April the customary Annual School Survey was carried out during which 28 school departments were visited and 194 children interviewed on the recommendation of their head teachers. As a result of this 45 children were placed on the waiting list as being in need of treatment. Many of the others interviewed would have benefited from some help, but in view of an already overcrowded clinic it was decided to keep them under observation in school. Twenty-one of the above-mentioned 45 children had been admitted to the clinic before the end of the year.

In September a project was started to find out the percentage of speech defects overcome by infants during the first year in school. Two hundred September entrants were seen. Of these 35 did not display any abnormality in their speech. In the remaining 165 the defects were categorised and the children will be seen again in September, 1962, to assess spontaneous improvement. As a result of this investigation it is hoped to confirm existing theories on which type of speech abnormalities improve without therapy and for which types it is essential that specialized help be given.

As in 1960 largest percentage of children treated were suffering from dyslalia, *i.e.*, a functional articulatory disorder. The second largest category were stammerers and here the numbers treated showed a 5% increase on the 1961 numbers. Those treated for a sigmatism, *i.e.*, isolated defective "s" sound showed a 14% decrease on last year.

It is interesting to note that although there has been a 5% increase in the number of stammerers treated they still only constitute 16% of the total defects and that *none* of the 200 children interviewed in September were reported as being stammerers. In 1951 stammering accounted for 32% of the total defects treated. It is encouraging to see this decline in what is a most distressing form of speech disorder.

The weekly therapy sessions at Moorlands School and Thornhill C.E. Infants' School have been continued and since September Thornhill Infants and Junior School has been visited weekly for the treatment of four of the children.

I would like to thank all the schools for their unfailing helpfulness during the year and to extend an invitation to any teacher who wishes to know more about the work of the Speech Therapy Clinic.

To conclude I would like to thank the Principal School Medical Officer and his staff for their encouragement throughout the year.

## REPORT OF THE SPEECH THERAPY CLINIC

JUNE — DECEMBER, 1961.

1. Total number of cases interviewed ... 112  
 2. Total selected for regular treatment ... 98

## 3. Classification of cases treated:

School	Dyslalia		Stammer		Cleft Palate		Sigma-tism		Partially Deaf		Others		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Pre-school & Nursery Sch.	1	—	1	—	1	—	—	—	—	—	—	—	3	—
Infants	17	10	2	—	—	—	—	1	1	1	1	1	21	12
Juniors	21	6	5	—	1	1	5	3	—	—	2	—	34	10
Secondary Modern	—	—	4	1	—	—	—	—	—	1	—	—	4	2
Secondary Technical	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grammar	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Open-Air	4	4	—	1	—	—	—	—	—	—	—	—	4	5
Park School	—	—	—	1	—	—	—	—	—	—	—	1	—	2
Totals	43	20	12	4	2	1	5	4	1	2	3	1	66	32
Grand Total	63		16		3		9		3		4		98	

## 4. Classification of cases not admitted for therapy:

(a) Observation of child and advice to parent 6  
 (b) Assessment of hearing ... 8

5. Total number of cases discharged ... 38

## Classification of Cases Discharged:

Reason for discharge	Dyslalia	Stammer	Cleft Palate	Sigma-tism	Others	Total
Cured ...	9	2	—	4	—	15
Much Improved ...	6	4	2	—	—	12
Left District ...	1	1	—	—	—	2
Non-attendance	7	1	—	—	—	8
Transferred to Special School	—	—	—	—	1	1
<b>TOTAL</b>						<b>38</b>

6.	Total number of children continuing treatment into 1962	...	...	...	49
<b>7. Attendance</b>					
	Total number of actual attendances	...		1,626	
	Total number of possible attendances	...		2,011	
<b>8. Children referred to other clinics:</b>					
	(a) Child Guidance Centre	...	...	6	
	(b) For medical examination	...	...	5	
<b>9. Visits:</b>					
	Number of school visits	...	...	78	
	Number of home visits	...	...	24	
<b>10. Waiting list:</b>					
	Number of children on waiting list on 31st December, 1961	...	...	37	

**REPORT OF THE SPEECH THERAPY CLINIC HELD AT  
DEWSBURY GENERAL HOSPITAL  
DURING THE YEAR.**

Total number of patients treated	...	...	...	16
Total number of patients discharged	...	...	...	7
Total number of patients continuing treatment into 1962	...			9
Total number on waiting list, 31st December, 1961	...			7

Classification of cases treated:		<i>Adults</i>	<i>Children</i>
Dyslalia	...	...	—
Aphasia	...	...	3
Rotacism	...	...	1
Hyper nasality & Dyslalia	...	...	—
Laryngectomy	...	...	1
Stammer	...	...	1
Cleft Palate	...	...	1
Number of sessions worked	...	...	...
Possible number of attendances	...	...	...
Actual number of attendances	...	...	...

**PHYSICAL EDUCATION.**

I am indebted to Miss Gray and Mr. Wilkinson for the following report:—

Through the years Physical Education has changed in name and character from Drill to Physical Training to Physical Education based on Movement Training. The change has been most marked in those schools with indoor accommodation.

In order to acquaint the teachers in Primary Schools with these changes, the organisers arranged a week-end course at the new Secondary Technical School.

It would appear that a short intensive course appealed more to the teaching staff than the one session per week stretched over several weeks. The attendance was most satisfactory and the results are now showing in the schools, especially those with indoor accommodation.

The much improved facilities at the new Secondary Technical School are having a profound effect on both physical education staff and the pupils. Whereas in the old building the gymnasium was of moderate size, with poor changing and washing facilities and no adjacent playing fields, the new building with its large well equipped gymnasium, changing and showering accommodation in line with modern development has provided new opportunities to develop the work to its fullest extent.

The accessibility of the playing fields are also proving beneficial from the point of view of time saving and more frequent skill and training practice.

The usual out of school recreational activities have continued and the children have been able to take part in netball, rounders, cricket, football and athletic competitions which have been successfully organised with the co-operation of the Schools Athletic Association.

The Association has also been able to supply some apparatus for combined efforts.

Practice running tracks and jumping pits have been constructed at most of the Secondary Schools and are proving of great value where a fine dry area is needed for these activities.

Swimming continues to be one of the best attended activities and several promising swimmers have taken part in County and National Championships.

Gymnastics is rapidly gaining in popularity and a team of boys was enlisted in the Northern Gymnastic Competition held at Bingley where valuable experience was gained. It is hoped to run our own competition next year.

Dancing. Templefield Secondary Modern School girls again took part in the Highlands games held in Manchester and were successful in winning the Rose bowl for Scottish Country Dancing. This is the third year in succession that they have won this trophy.

Recreational pursuits at Evening Institutes are increasing in numbers and variety. Classes in Golf, Keep Fit, Country Dancing, Association Football, Rugby and Basket Ball have taken place during the winter months and have been well attended.

The organisers are keenly alive to the needs of all schools especially where facilities are not as good as they may be, and wherever possible, and opportunities arise for improving conditions for Physical Education at these schools, no effort is spared to do so, but in several cases the only solution can be the building of suitable indoor accommodation.

## APPENDIX.

## THE INTERMEDIATE SCHOOL MEDICAL INSPECTION.

## A report on an Experiment at Dewsbury

by

J. STUART HORNER, M.B., Ch.B., D.P.H., D.I.H.,

Deputy Principal School Medical Officer.

Since formal permission to experiment with less than three routine medical inspections was first given by the Minister of Education in 1953, some local education authorities have prepared alternative schemes (Chief Medical Officer, Ministry of Education 1958). (The Medical Officer 1961).

The experiments which have been conducted have usually concentrated upon the intermediate age group, *e.g.*, Withnell et alii (1961) and a reference to this fact may be found in the School Health Service Regulations 1959. In some areas, other age groups have been the subject for investigation (Chief Medical Officer, Ministry of Education 1960). Douglas et alii (1961) have described a much improved system for the entrant examination whilst Jackson (1961) has attempted to evaluate a more comprehensive form of school medical inspection.

In Dewsbury, it has been usual to examine all children at the ages of five years, eleven years and during the last year of school attendance. There were 858 intermediate examinations completed in Dewsbury during 1960 and 61 defects were discovered which required treatment, *i.e.*, one treatable defect per 14 medical inspections (Principal School Medical Officer, Dewsbury C.B. 1961). Moreover, defective vision accounted for 64% of the total abnormalities discovered. This category also formed the largest group of defects requiring observation. It is evident that in order to discover a small number of defects, the School Medical Officer must examine large numbers of normal healthy children. The necessity for such inspections effectively prevents the School Medical Officer from giving adequate time to the elucidation of those defects which are discovered and interferes with an excellent opportunity for health education which his attendance at school presents. An experiment was, therefore, conducted during 1961 in which a preliminary selection procedure was instituted to avoid the examination of obviously healthy children. It is hoped that such a procedure will allow more time to be devoted to those children who are presented for medical examination and also enable the Medical Officer to participate more actively in school activities, especially in connection with health education in schools. This report attempts to assess the effectiveness of the initial screening procedure.

### The Screening Procedure.

A preliminary questionnaire was prepared and forwarded to the parents of all children who would normally have received a school medical inspection at any of the eight schools supervised by the Deputy Principal School Medical Officer. The remaining schools were to have been used for control purposes but unfortunately it was not possible to carry out any form of medical inspection in these schools, other than vision testing, owing to unforeseen circumstances.

The questionnaire was divided into three main sections, namely:—

Previous medical history of the child including an immunisation history;

Details of the child's family and certain specified family illnesses, and finally,

A series of twenty questions about specific complaints suffered by the child.

A final question enabled the parent to insist upon a medical inspection without revealing the reason for such a request. The questionnaire was regarded as a confidential document and a letter was sent with it in order to explain the procedure to parents.

The school medical record and the completed questionnaire for each child were then inspected by the school medical officer and a list was prepared of children who were considered to require a medical examination. In addition, the school health visitor examined the vision of every child of 11 years at the school. She then reported to the school medical officer the name of any child upon whom she considered a medical inspection was desirable. Finally, the school medical officer interviewed the headmaster to obtain the name of any child in this group who was thought to require a medical inspection by the school teachers. It was not possible, however, to arrange this interview in all the schools using the experimental procedure. These three sources provided a group of children for examination and each child was able to receive the maximum possible attention by reducing the number of children examined during each session. The other children were not examined. The parent was informed by letter that an examination was not considered necessary and the details recorded on the questionnaire were transferred to the medical record card (10M). This enabled these cards to be completed very much more adequately, since full records can usually be obtained only when the parent attends at the school medical inspection.

### Results and Discussion.

#### 1. Children presented for Examination

The number of children eligible for a school medical inspection in the eight junior schools was 411 and the number of children who were referred for examination is shown in Table I. The sex differences are not statistically significant.

TABLE I.

	Number of children eligible for Medical Inspection	Number Examined	Examination Rate
BOYS	232	88	37.9%
GIRLS	179	76	42.5%
TOTAL	411	164	39.9%

## 2. Reasons for an Examination

The reason for each examination has been recorded in Table II. Such reasons will be dependent to some extent on those symptoms which the school medical officer considers to be especially important. It had been hoped to present every child who demonstrated a positive symptom on the questionnaire for a medical examination.

In view of the large number of parents who reported that their child was "nervous" (Table VI) it was decided to ignore this answer for selection purposes.

TABLE II.

Reason for Examination	Number
Chest colds ...	57
Request by parent ...	22
Children not previously examined	22
Unsatisfactory school progress	17
Running ear or deafness	16
Recurrent sore throats	11
Incomplete questionnaires	10
Previous medical history	5
Absent and not examined	4
<b>TOTAL</b>	<b>164</b>

Any child whose questionnaire was very incomplete was automatically examined even though positive symptoms had not been admitted. Unsatisfactory school progress as recorded on the questionnaire was considered to be a justification for a medical inspection. One parent answered this question with the words "Not Considered Relevant." This statement must be emphatically denied. Whilst medical conditions are a relatively infrequent cause of poor educational progress, it is very important that they should be detected quickly so that prompt action

may be taken. This is an important function of the School Health Service. Conditions such as deafness, impaired vision and, indeed, general ill-health, may result in an unexplained decline in educational attainments. One case of high tone deafness was discovered in this way during the experimental period and several other defects were revealed amongst the seventeen children who were examined because their progress in school was reported to be unsatisfactory.

### 3. Attendance of Parents

Taylor (1961) considered that one of the major justifications for a routine medical inspection was that the mothers wished it. He obtained his information from mothers who attended when their children were examined. It seems probable that mothers who have made an effort to attend a medical examination—often at some personal inconvenience—are unlikely to volunteer the information that they regard the whole procedure as a waste of time. A more reliable guide to parental approval would seem to be the number of mothers who actually attend. The attendance rate for the intermediate inspection in Dewsbury over the last five years, is recorded in Table III.

There is considerable variability in parent attendances from year to year but the attendance rate in 1961 was much higher than in any of the previous six years. It is also higher than the average during this period and this difference is statistically significant. It has been necessary to exclude the year 1958 from these calculations, since the attendance of parents during that year was one of the lowest ever recorded.

TABLE III.

	Number of Intermediate Examinations	Number of Parent Attendances	Attendance Rate
1955	718	517	72.0%
1956	689	479	69.5%
1957	716	543	75.8%
1959	869	716	82.4%
1960	803	578	72.0%
Total	3795	2833	74.4%
1961	160	140	87.5%

#### 4. Defects detected during Medical Inspection

Whilst the detection of defects is not the only, nor necessarily the most important, purpose of the school medical inspection, many authors use the discovery of such defects as a valuable index of its efficiency. Thus Lee (1958) has compared the results of school medical examination with the findings of Recruitment Boards for National Service and Withnell (1958) used the detection of defects in assessing the value of medical inspections.

The incidence of defects in this age group, revealed by the intermediate school medical inspection in Dewsbury during the last five years, was used to determine the number of defects which would be expected amongst the 411 children whose parents received questionnaires in 1961. The number of defects which were discovered is greater than the expected number, although the difference amongst the defects requiring observation is not statistically significant (Table IV). All visual and dental defects have been excluded from these calculations since the procedure for their detection has not been varied in any way.

TABLE IV.

Year	Number of Children	Number of defects requiring Treatment	Number of defects requiring Observation	Total Number of Defects
1956-1960	4043	148	721	869
1961	411	32	78	110
Defects Expected in 1961		15.1	73.3	88.3
Defects Detected in 1961		32	78	110

Henderson (1957) has pointed out that the varying standards adopted by different doctors may explain some differences of this kind. Nevertheless, whilst making a full allowance for this factor, it would seem that the experimental procedure has not resulted in any reduction of the number of defects discovered. In fact, the figures suggest an improved detection procedure which could be due to the greater amount of time which was allocated to each child examined.

#### 5. Defects reported on the Questionnaire

Whenever a defect was discovered amongst the children examined, it was related to any symptoms reported on the questionnaire as a further assessment of the screening procedure. The results are shown in Table V.

TABLE V.

	Defects Related to the Questionnaire	Defects Unrelated to the Questionnaire
Defects referred for Investigation ... ...	15	2
Defects requiring Treatment ... ...	8	7
Defects requiring Observation ... ...	33	45
Total ...	56	54

(Excluding Visual and Dental Defects).

Whilst those defects which required investigation were revealed by the screening procedure, this particular analysis is disappointing. Many of the minor defects seem to have been discovered fortuitously. A further investigation of these abnormalities suggests that most of them were either orthopaedic defects not requiring treatment, or, alternatively, enlarged tonsils.

#### 6. Completion of the Questionnaires

Eight questionnaires were not returned and two others were so incomplete that an examination was necessary. Some questions were not completed, but even so, the information gained in the Department by the use of the questionnaires was much more complete than in previous years. The percentage of questions completed is recorded in Table VI together with the number of symptoms reported. None of the sex differences are statistically significant. These observations are in general agreement with an experiment conducted by Barasi and Cartwright (1957) in which the majority of questions were answered in 95% of cases.

The relatively high incidence of mental or psychological symptoms is instructive. One in every four parents considered that the child was "nervous". Whilst this question is admittedly vague, it is interesting that such a high percentage of parents should regard the symptom as worthy of comment. The incidence of enuresis is much higher than that recorded by Cust (1958). In a special survey he defined enuresis as ten wet nights in any month and he noted that 1.3% of children, aged 10 years and 11 years, were enuretic by this definition. Blomfield and Douglas (1956) reported that 7.3% of children in their survey, aged  $7\frac{3}{4}$  years, suffered from occasional bedwetting.

TABLE VI.

History completed on the Questionnaire:						
	BOYS	GIRLS	TOTAL			
	No.	No.	No.	%		
Vaccination state...	...	...	...	...	97.8%	
History of Infectious Disease	...	...	...	...	96.7%	
Mother's Occupation	...	...	...	...	93.9%	
Father's Occupation	...	...	...	...	93.7%	
Record of siblings and birth rate	...	...	...	...	89.8%	
Family history of serious illnesses	...	...	...	...	85.5%	
History of serious illness in the child	...	...	...	...	89.0%	
Defects recorded on the Questionnaire:						
	BOYS	GIRLS	TOTAL			
	No.	No.	No.	%		
(a) Previous Defects:						
Joint Pains	...	26	22	48	11.7	
Asthma	...	5	2	7	1.7	
Running Ears	...	19	13	32	7.8	
(b) Physical Defects:						
Poor appetite	...	16	22	38	9.2	
Recurrent sore throats	...	22	20	42	10.2	
Morning Cough	...	4	4	8	1.9	
Frequent chest colds	...	38	33	71	17.3	
(c) Mental and Psychological Defects:						
Nightmares	...	8	8	16	3.9	
Enuresis	...	23	17	40	9.7	
Nervous child or "highly strung"	...	55	49	104	25.3	
Abnormal behaviour	...	15	4	19	4.6	
Unsatisfactory school progress	...	27	14	41	10.0	
Separation from mother in early childhood	...	17	20	37	9.0	

### Conclusion

This enquiry has shown that the screening procedure which has been described will significantly reduce the number of children who are examined by a Medical Officer at the intermediate school medical inspection. This reduction will allow more time to be devoted to those children who are presented for examination. The screening procedure has revealed more defects than the normal examination, although a detailed analysis of these defects suggests that their discovery may have been, at least to some extent, fortuitous. It would be useful if children who were not eligible for an examination under the new procedure could receive a school medical inspection in order to determine whether significant defects amongst them are being overlooked.

The questionnaires were completed very satisfactorily and the additional information available to the Department has fully justified the increase in administrative and clerical work which the procedure has produced.

The attendance of parents during 1961 was the highest ever recorded in recent years and whilst making allowance for annual fluctuations, it would seem that parents have taken more interest in this detailed examination of selected children. There is a possibility that those parents who are most conscious of their child's health, will complete the questionnaire more thoroughly and are also more likely to attend for medical examination. Nevertheless, it is encouraging to note this high proportion of attendances by parents during the experimental period.

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